TRICARE
Your Military Health Plan

Beneficiary Education Seminar

TRICARE and Medicare
(Dual-Eligible/TRICARE For Life)

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TRICARE and Medicare

- Beneficiaries under age 65 entitled to Medicare Part A due to disability or end-stage renal disease
- Beneficiaries entitled to Medicare Part A at age 65
- All dual-eligible beneficiaries must purchase Medicare Part B to remain eligible for TRICARE *except for active duty family members*
- TRICARE becomes second payer to Medicare

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Enrolling in Medicare Part B — Under Age 65

- Disabled and entitled to Social Security disability or Railroad Retirement Board benefits for a period of 24 months
  - Automatically enrolled in Medicare Parts A and B beginning with the 25th month of entitlement
  - Waived for people who are entitled to disability benefits because of Amyotrophic Lateral Sclerosis (ALS) effective on first month of entitlement
- End-Stage Renal Disease
  - You can enroll in Medicare Part B by calling or visiting your local Social Security Office, or by calling Social Security at 1-800-772-1213

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Enrolling in Medicare Part B — Under Age 65 (cont.)

- General enrollment period
  - January 1 through March 31
  - Part B coverage begins the following July
- Medicare-eligible active duty family members can enroll in Part B at any time before the active duty sponsor retires or during the eight-month period that begins the month the active duty sponsor retires
  - Remember after the active duty sponsor retires, family members entitled to Medicare **must** be enrolled in Medicare Part B

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Enrolling in Medicare Part B — Age 65 and Over

- The Defense Enrollment Eligibility Reporting System (DEERS) will notify you that your benefits are about to change
- The Social Security Administration will notify you regarding your Medicare entitlement
- Automatically enrolled in Medicare Part B
- You may enroll during the general enrollment period if currently only using Medicare Part A
  - You may be required to pay a surcharge

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DEERS—Medicare Eligibility

- If you or a family member is Medicare-eligible, entitled to Part A, and enrolled in Part B, DEERS must be updated to reflect Medicare Part A and Part B to retain eligibility for TRICARE coverage
- When you turn 65, the medical section of your military ID card may also need to be updated

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Updating DEERS Information

- Visit an ID card issuing facility; locate one near you at *www.dmdc.osd.mil/rsl*
- Call 1-800-538-9552
- Mail changes to:

  Defense Manpower Data Center Support Office

  Attn: COA

  400 Gigling Road

  Seaside, CA 93955-6771
- Make address changes online at: *www.tricare.osd.mil/DEERSAddress*

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Updating Information with the Social Security Administration (SSA)

- Update status and address changes with Medicare
- Contact your local SSA office in one of the following ways:
  - Phone: 1-800-772-1213
  - TTY/TDD: 1-800-325-0778 for the hearing impaired
  - Web: *www.ssa.gov/appointment.htm*

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Social Security Administration Notice of Award

- Take your SSA Notice of Award, showing your Medicare Parts A and B effective dates, to the nearest military ID facility
- They will assist in determining the benefits to which you are entitled
- Will be issued a new military ID card reflecting those benefits
- Facilitate appropriate claims processing
- To locate the nearest facility to you, log on to *www.dmdc.osd.mil.rsl*

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TRICARE Program Options

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TRICARE Prime

- Available to dual-eligible beneficiaries under age 65
- Managed care option; enrollment is required to participate
  - Individual enrollment fees (retirees) are waived for dual-eligible beneficiaries (if family is enrolled, family must still pay $230)
  - Seek care from a primary care manager (PCM) in a military treatment facility (MTF) or from a network provider; specialty care requires referral from PCM

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TRICARE For Life (TFL)

- TRICARE's Medicare-wraparound coverage
- Available to beneficiaries who are entitled to Medicare Part A and purchase Medicare Part B
- In most cases, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE

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TFL—Receiving Care

- May seek care from any Medicare provider
  - Most Medicare providers are TRICARE-authorized providers
- May seek care at MTFs on a space-available basis

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TFL—Costs

- No fees for TRICARE For Life
- You need to pay your Medicare Part B monthly premiums
  - Part B premiums are subject to change each January (2004 Part B monthly premium is $66.60)
- Automatically deducted from your Social Security check
- Check with Medicare on current Medicare Part B premiums

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TFL—Covered Services

- For services covered by both Medicare and TRICARE, Medicare will pay first and TRICARE will pay second
- For services covered by TRICARE but not Medicare, TRICARE pays its portions and you are responsible for TRICARE deductibles and cost- shares
- For services covered by Medicare but not TRICARE, Medicare pays its portion and you are responsible for Medicare cost-shares
- For services not covered by TRICARE or Medicare, you are responsible for all costs

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How are services paid?

- Show Medicare and Uniformed Services ID Card
- Participating provider files a claim with Medicare first
- Medicare pays its portion and automatically sends the claim to TRICARE
- TRICARE payment is automatically sent to provider
- Beneficiary receives an Explanation of Benefits (EOB) from TRICARE and Medicare indicating the total amounts paid

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Beneficiary Cost-Shares

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Services payable by both Medicare and TRICARE	Medicare pays its authorized amount	TRICARE pays the remaining out-of-pocket costs	Nothing
Services covered by Medicare but not TRICARE	Medicare pays its authorized amount	Nothing	Medicare deductibles and cost-shares
Services covered by TRICARE but not Medicare	Nothing	TRICARE pays its authorized amount	TRICARE cost-share and annual deductible
Services not covered by Medicare or TRICARE	Nothing	Nothing	You are responsible for costs of all non-covered services

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Using TFL with Other Health Insurance (OHI)

- Employer-sponsored insurance
- Medigap policies
- Other supplemental health insurance policies
- ***You need to decide if other coverage is necessary***

TFL provides Medicare-wraparound coverage similar to supplemental policies—at no cost to you!

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Coordinating Benefits with Other Health Insurance

Order of payment depends on whether or not the beneficiary has employer-sponsored health insurance based on current employment. Remember TRICARE For Life will always pay last.

Without Employer-Sponsored Health Insurance

- Primary payer: Medicare
- Secondary Payer: OHI or Medicare supplement
- Third Payer: TRICARE

With Employer-Sponsored Health Insurance

- Primary payer: Employer-sponsored plan
- Secondary payer: Medicare
- Third payer: TRICARE

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Updating OHI Information

- If you decide to drop your OHI, contact the other plan (not TRICARE) for information about how to disenroll
- Keep your OHI status updated with TFL
  - Call 1-866-773-0404
  - TTY/TDD 1-866-773-0405
  - Visit *www.tricare4u.com*

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Using TFL Outside the United States

- Must meet all eligibility requirements, including enrollment in Medicare Part B
- TRICARE is the primary payer for health care received outside the United States
- TFL provides same coverage available to retirees under age 65 (TRICARE Standard)
- Cost-shares and deductibles are:
  - $150/person, $300/family
  - 25% cost-share

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Processing Dual-Eligible Claims

Claims Processing for Dual-Eligible Beneficiaries

- Wisconsin Physicians Service (WPS) is the new claims processor for all TFL claims
- WPS has agreements with each Medicare carrier allowing Medicare to submit claims directly to WPS
- Providers will submit claims to Medicare and they will cross-over to TRICARE electronically
- New TFL claims process will be implemented monthly as the new TRICARE regions roll out

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WPS TFL Transition Dates

WPS TFL is being phased-in as follows:

- Region 11: April 1, 2004
- Regions 2/5: June 1, 2004
- Regions 9/10/12: July 1, 2004
- Regions 3/4: August 1, 2004
- Region 1: September 1, 2004
- Central Region 7/8: October 1, 2004
- Region 6: November 1, 2004

* *These dates represent the claims receipt date.*

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Submitting Paper TFL Claims

- If for some reason you must submit a paper claim, you will need:
  - DD Form 2642 (CHAMPUS claim form)
  - Copy of the provider's itemized bill
  - Medicare summary notice
  - EOBs from all OHIs
- TFL claims must be filed within one year from the date the care is received

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Claims Information—Until Transition

- To find out what region you are in and the current claims processors, visit *www.tricare.osd.mil/main/chart.html*
- For more information:
  - WPS TFL 1-866-773-0404 (TTY/TDD 1-866-773-0405)
  - WPS TFL Web site at *www.tricare4u.com*
  - Visit the TRICARE Web site at *www.tricare.osd.mil/tfl*

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TRICARE Pharmacy Program

Pharmacy Options
Generic Drug Policy
Drugs Requiring Prior Authorization
Pharmacy Data Transaction Service

TRICARE

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TRICARE Pharmacy Program

- MTF Pharmacy
- TRICARE Mail Order Pharmacy
- TRICARE Retail Network Pharmacy
- Non-network Retail Pharmacy

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MTF Pharmacies

- Prescriptions may be filled at an MTF pharmacy at no charge (least costly to patient and Department of Defense)
- If medication is in stock, it will be filled but best to call ahead
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications
- MTF pharmacies will accept written prescriptions from any TRICARE-authorized provider

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TRICARE Mail Order Pharmacy (TMOP)

- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication—$3 for up to a 90-day supply
    - Brand name medication—$9 for up to a 90-day supply
    - Non-formulary medication—$22 for up to a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free Shipping and Handling
  - For more information:
    - Visit *www.express-scripts.com/TRICARE*
    - 1-866-DoD-TMOP (1-866-363-8667)

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TRICARE Retail Pharmacy Network

- Available across all regions—no claims to file
  - Generic medication—$3 per 30-day supply
  - Brand name medication—$9 per 30-day supply
  - Non-formulary medication—$22 per 30 day supply
  - Administered by Express Scripts, Inc.
  - Visit *www.tricare.osd.mil/pharmacy* to locate a retail network pharmacy near you
  - 1-866-DoD-TRRx (1-866-363-8779)

  * *Note: A 90-day supply from the TRICARE Retail Pharmacy Network requires three copayments to be paid*

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Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime point-of-service (POS) option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement

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Generic Drug Use Policy

- Generic drugs will be substituted for brand name when available
- Must justify medical necessity for brand name to be dispensed
- If generic equivalent drug does not exist the brand name drug will be dispensed

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Drugs Requiring Prior Authorization

- Certain medications require prior authorization
- Per DoD contracts, some drugs must be dispensed from MTF or mail order pharmacy
- TRICARE covers all FDA approved prescription drugs approved for outpatient use with some exclusions established by law
- 1-877-DoD-MEDS (1-877-363-6337)
- *www.tricare.osd.mil/pharmacy*

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Pharmacy Data Transaction Service (PDTS)

- Creates a global centralized data repository
- Reduces the likelihood of adverse drug-to-drug interactions, therapeutic overlaps, and duplicate treatments
- Conducts an online proactive clinical screening (drug interaction check)
- This is done before it is dispensed to the patient, unless it is obtained from a non-network pharmacy

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Important Contact Information

- Centers for Medicare & Medicaid Services:
  - 1-800-MEDICARE
  - *www.medicare.gov*
- Social Security Administration
  - 1-800-772-1213
  - *www.ssa.gov*
- TRICARE
  - *www.tricare.osd.mil*
  - Contact your regional contractor for specific questions about dual eligibility (see next slide)
- Claims Processing—WPS
  - 1-866-773-0404
  - *www.tricare4u.com*

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TRICARE Regional Contractors

- TRICARE North Region
  - Health Net Federal Services, Inc.
  - *www.healthnetfederalservices.com*
  - 1-877-TRICARE (1-877-874-2273)

- TRICARE South Region
  - Humana Military Healthcare Services, Inc.
  - *www.humana-military.com*
  - 1-800-444-5445

- TRICARE West Region
  - TriWest Healthcare Alliance
  - *www.triwest.com*
  - 1-888-TRIWEST (1-888-874-9378)

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Thank You!

- TRICARE offers a comprehensive health benefit for our beneficiaries
- From preventive health services, to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members

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TRICARE Product Feedback

Please provide feedback on this presentation at:

http://www.tricare.osd.mil/evaluations/presentations

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Back Up Slides

Additional Details as Needed

Enrollment Portability

- Transfer TRICARE Prime enrollment from one TRICARE Region to another
  - Active duty service members and their families have unlimited transfers without a break in coverage
  - Retirees and their families may transfer twice in a single enrollment year as long as second transfer is back to the original enrollment location
- Enroll and select a new PCM in the new region
- Update your new address in DEERS

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TRICARE Prime Re-enrollment

- TRICARE Prime enrollment continuous
- Automatically re-enrolled each year unless you request disenrollment
- Retirees could be disenrolled due to non-payment
- Any change in status—active duty to retired or demobilization—will cause a disenrollment from TRICARE Prime. You must re-enroll to continue your coverage.

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Guaranteed Access Standards

- Urgent care appointment—24 hours or less
- Routine appointment—One week or less
- Specialty appointment or wellness visit — Within four weeks (28 days)
- Travel time may not exceed 30 minutes from home to your PCM’s office
- You should not have to travel more than one hour from your home for referred specialty care

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MTF—The First Option for Care

- TRICARE Prime beneficiaries must seek care from an MTF when it is available
- Inpatient admissions, specialty appointments, procedures requiring prior authorization
- If the service is not available at the MTF within the appropriate access standards, you will be referred to a TRICARE network provider

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MTF—Priorities for Care

1. Active duty service members
2. Active duty family members enrolled in TRICARE Prime
3. Retirees, their family members, and survivors enrolled in TRICARE Prime
4. Active duty family members NOT enrolled in TRICARE Prime
5. Retirees, their family members, and survivors NOT enrolled in TRICARE Prime
6. All other eligible beneficiaries

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Primary Care Manager (PCM)

- MTF or network provider
- Provides most of your care and coordinates specialty care when needed
- Knows your family and medical history, lifestyle, and habits
- Helps you develop and carry out a personal health maintenance and improvement program
- Prevents and detects health problems through regular screenings and wellness education

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PCM Visits—Copayment

- Care at an MTF—No copayments
- Care from a network provider
  - Active duty service members and their families, no copayments
  - Retirees and family members, $12 copayment

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Prime Travel Entitlement

- When referred for specialty care at a location more than 100 miles from your PCM, you may be eligible to have your “reasonable travel expenses” reimbursed
- Includes the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and public transportation
- Contact your MTF or the TRICARE Regional Office for more information or visit the TRICARE Web site at *www.tricare.osd.mil/primetravel*

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TRICARE Prime Point-of-Service (POS) Option

- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Nonavailability Statement is not necessary
- Subject to deductibles and cost-shares
- Point-of-service option is more costly to the TRICARE Prime enrollee

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POS Cost-shares and Deductibles

- Annual outpatient deductibles are $300 for an individual and $600 for a family
- 50% cost-shares for outpatient and inpatient claims
- Excess charges up to 15% above the TRICARE allowable amount
- The annual catastrophic cap does not apply to your out-of-pocket expenses under the POS option

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Catastrophic Cap

TRICARE Standard, TRICARE Extra, and TRICARE Prime

- ADFMs—$1,000 per fiscal year
- All other beneficiaries (retirees, family members of retirees, survivors, former spouses)—$3,000 per fiscal year

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